



Membership Form

First Name: _____ Last Name: _____

Business Name: _____

Address: _____

City: _____ State, Zip: _____

Phone: () - Type: Cell Work Home

Email: _____

Membership Level:

- Self-Advocate (Person with Intellectual or Developmental Disability): \$10/year
- Family or Ally: \$50/year
- Organization or Corporation: \$150/year

Additional Contribution:

Are you able to increase your impact at The Arc with an additional contribution?

- General \$ _____
- Specific \$ _____ To go to: _____

Total Amount Enclosed: \$ _____

Payment Method/Enclosed

- Cash/Check (Ck# _____)
- Credit/Debit Card

Number: _____ Exp Date: ____ / ____ CVV# _____

Signature: _____ Date: _____

Checks can be mailed to:

The Arc of Calhoun County
44 W. Michigan Ave
Battle Creek, MI 49017